

Registration District No. 508

Primary Registration District No. 3026

State File No. _____

Registrar's No. 6

1. PLACE OF DEATH:

(a) County LIVINGSTON
(b) City or town CHILLICOTHE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHILLICOTHE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
(Specify whether
In this community AT HOME
years, months or days)

3. (a) PRINT FULL NAME LELIA MAY BROCK

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 12 - 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace WHITE CLOVER KANS.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MARION H. YARD

13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name SUE HURST THOMPSON

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant BUTORD B. BROCK

(b) Address ATLANTA GA.

17. (a) BURIAL (b) Date thereof JAN 10 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRAYMER MO.

18. (a) Signature of funeral director F. R. MEINERSHAGEN
(b) Address CHILLICOTHE MO.

19. (a) 1-8-41 (b) H. W. WEAVER, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON
(c) City or town CHILLICOTHE
(If outside city or town limits, write "RURAL")
(d) Street No. CHILLICOTHE HOSPITAL
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 2
1941, to Jan 7, 1941
that I last saw her alive on Jan 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA
Duration 6 days

Due to _____
Due to 92 F

Other conditions Chr. myeloiditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
(e) Means of injury _____

23. Signature M. S. WEAVER (M. D. or other) _____
Address CHILLICOTHE MO. Date signed 1/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Elmer Thomas

Registered Apprentice No.

working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address *Chillicothe Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.